

ALABAMA DEPARTMENT OF REVENUE MOTOR VEHICLE DIVISION

TITLE SECTION • SURETY BOND UNIT

P.O. Box 327640 • Montgomery, AL 36132-7640 • (334) 242-9000

The Alabama Department of Revenue acknowledges your request for information on obtaining a certificate of title by posting a surety bond. The amount of the bond , if approved by the Department, will be one and one half times the value of the vehicle as determined by this Department and will be in effect for three years pursuant to Section 32-8-36, *Code of Alabama* 1975. You may post the entire bond in cash or pay an insurance company to underwrite a surety bond for you.

The insurance company will charge a fee based on the amount of the bond.

This form must be completed for bond amounts to be quoted and is required for title under bond.

This form must be completed for VEHICLE IDENTIFICATION NUMBER (VIN)	YEAR	MAKE		MODEL	
AF HOFF INFIRITION MOINING (AIM)	ILAN	IVIANE		WODEL	
BODY TYPE	CYLINDERS	LENGTH AND WIDTH (MA	ANUFACTURED HOMES (DNLY)	
CHECK ALL THAT APPLY:					
Convertible Turbo King (mited Edition	4-Wheel Drive	e Short Wheel Base	
LENGTH (NOT INCLUDING TONGUE AND HITCH) — UTILITY TRAILERS	SUNLY	NUMBER OF AXLES — U	TILITY TRAILERS ONLY		
Provide a <i>detailed</i> explanation as to why you properly assigned valid certificate of title.		ETE THE FOLLO		orts were made to obtain a	
	,	be attached if needed.			
Is the vehicle currently titled or registered in Was the vehicle purchased as a body, parts, s If yes, provide a separate notarized affidavit	alvage or witho	ut an engine? $\; \Box$	Yes \square No	ırchase.	
Name of person vehicle purchased from:					
Address:					
City: State	e:	Date	of Purchase:		
Provide at least one of the following docume 1. Bill of sale with vehicle identification in the control of the following docume at least one of the following docume in the f	number.	•			
Upon approval of this request, a partially corpletion. If you desire to post a cash bond ins				forwarded to you for com-	
Name of owner:					
Address:					
City: County:		State:	Zip (Code:	
Contact telephone number (weekdays 8 a.m.	-5 p.m.): ()			
Mailing address if different:					
I hereby certify that all information provided is					
(Signature of Owner(s))					